

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5	1					
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TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	7		↔		↔	↔
TOTAL CLAIMS	5	[REDACTED]		[REDACTED]		[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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